

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	10/10/2020 10:57
Date Of Accident	18/09/2020 19:45
Exact Location Of Accident	JUNCTION OF UPPER SERANGOON RD/HOUGANG AVENUE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6109A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LINGESHWARAN S/O CHANDRA
NRIC No	SXXXX193C
Email Address	LINGESHWARANSTAR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90917877
Alternative Phone No	OTHERS-90917877

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR NS200
Exact Purpose for which vehicle was being used at time of accident	COMMUTE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5117049685
Cover Note Number	

### Driver

Name of Driver	LINGESHWARAN S/O CHANDRA
NRIC No	SXXXX193C
Date Of Birth	17/09/1992
Occupation	INDOOR
Date Of Driving Pass	15/09/2011
Driving Experience	9 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90917877
Fax Number	
Contact Number	OTHERS-90917877
Email Address	LINGESHWARANSTAR@GMAIL.COM

Address	BLK 706 HOUGANG AVENUE 2 #09-183
Postcode	530706
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	569784
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVENUE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20200922/7024

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LINGESHWARAN S/O CHANDRA
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK6109A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

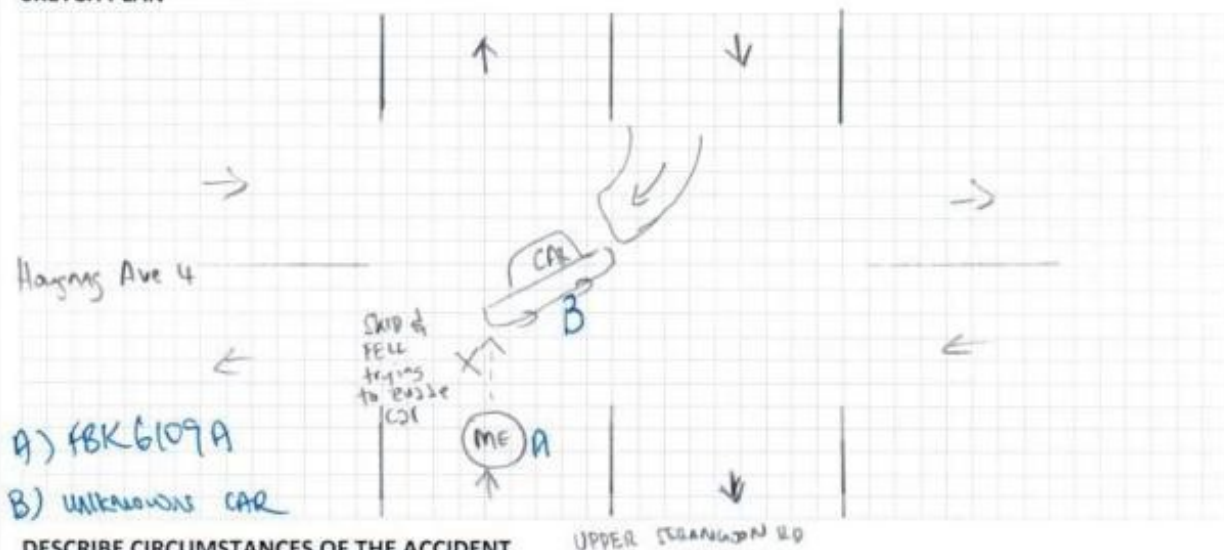
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time: 9/10/20  
1646 HRS

\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.: 

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

UPPER STANBORN 20

REPORT 2 Police Report F/20200922/2024

I/We declare the foregoing particulars are true in every respect.

Date &amp; Time:

Date & Time:

NRIC/FIN No.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



F/20200922/7024

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## POLICE REPORT (NP299)

Report No. F/20200922/7024

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No:1800-2180000

Date/Time Report Made 22/09/2020 13:15	Vide Report No.	Station Diary No.
Name Of Informant LINGESHWARAN S/O CHANDRA	Address 706 HOUGANG AVENUE 2 #09-183 SINGAPORE 530706	
ID Type / ID No. NRIC NO / S9234193C	Contact No. Home/Office: Mobile: 90917877	
Nationality SINGAPORE CITIZEN	Email Address lingeshwaranstar@gmail.com	
Occupation Motorcycle delivery man	Sex Male	Age 28
Institution/School Name	Date of Birth 17/09/1992	Race Indian
Date/Time Of Incident 18/09/2020 19:45 - 18/09/2020 19:50	Location Of Incident 706 HOUGANG AVENUE 2 #09-183 SINGAPORE 530706	

### Brief details.

I am reporting a traffic accident. I am a motorcycle rider who got involved in an accident along Upper Serangoon Road junction at Hougang Ave 4. I was travelling straight towards Sengkang east with the right of way when the traffic light was green. A car travelling the opposite direction towards Serangoon was making a right turn. I honked at the driver but she did not stop and forced me to brake. While trying to evade the car I skid on my motorbike and fell to my left. There was no collision. However, if I did not jam my brakes I would have hit the car. A few passerby helped me move my motorbike and called the

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2020 13:15
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# POLICE REPORT



SINGAPORE  
POLICE FORCE



F/20200922/7024

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200922/7024

ambulance. The paramedics and traffic police arrived shortly. I was brought to TTSH. I have multiple abrasions and injuries mainly on my left side and lower limbs.

Subjects Involved			
Victim			
Person Name	LINGESHWARAN S/O CHANDRA		
ID Type	NRIC NO	ID No	S9234193C
Gender	Male	Age	28
Race	Indian	Language	English
Occupation	Motorcycle delivery man	Address	706 HOUGANG AVENUE 2 #09-183 SINGAPORE 530706
Mobile No	90917877	Is Informant A	Yes
		Victim?	
Person Name	LINGESHWARAN S/O CHANDRA (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/09/2020 13:15
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

